



FOHXG MEMBERSHIP FORM

Friends of Halawa Xeriscape Garden
P.O. Box 3089
Honolulu, HI 96802
(808) 748-5363

Name:

Date:

Address (include Street, City, Zip Code):

Home Phone:

Work Phone:

E-mail

Applying as:

New Member

Renewal

Membership Levels and Dues:

Friend	\$15
Supporting (individual)	\$25
Joint Membership	\$25
Supporting Joint	\$45
Supporting Corporate	\$250
Lifetime Member	\$500

Volunteer Opportunities:

- Staffing Visitor Center
- Xeriscape Garden Guide
- Community Outreach Worker
- Plant Sale Worker
- Publicity/Newsletter
- Plant Nursery Volunteer (Propagation)
- Special Projects
- Other (please specify)

Donations (optional, enter amount below):

Total Amount Enclosed (enter amount below):

Your membership alone is a very worthwhile contribution towards conservation education. If you wish to take a more active role as a member and would like to become a regular volunteer, please let us know by checking the box next to the **volunteer opportunities** that interest you. Please include a completed copy of this form with your remittance to the above address. For more information about FOHXG please email visit friendsofhalawa@gmail.com.

FOR OFFICE USE ONLY.

Payment Received:

- Cash _____
- Check _____
- Charge _____

Checklist:

- Database _____
- Email Group _____
- Expiration Date _____
- Welcome Packet _____